Parental substance misuse
How to support children living with parents who misuse alcohol and drugs

Most parents and carers who drink alcohol or use drugs do so in moderation and don't present an increased risk of harm to their children (Cleaver et al, 2011).

However, parents and carers who misuse substances often have chaotic, unpredictable lifestyles and may struggle to provide their children with safe care and clear boundaries.

Alcohol misuse

Alcohol misuse is harmful drinking and alcohol dependence.

- Harmful drinking is a pattern of alcohol use which causes alcohol-related health problems, including psychological problems such as depression, physical illnesses or alcohol-related accidents.

- Alcohol dependence is characterised by craving alcohol and continued drinking in spite of harmful consequences. It's associated with increased criminal activity, domestic abuse and an increased rate of significant mental and physical health problems (NICE, 2011).
Drug misuse

Drug misuse is a dependence on, or regular excessive consumption of, psychoactive substances leading to social, psychological, physical or legal problems.

Drug misuse is more prevalent in socially deprived areas. In England and Wales the most commonly used psychoactive substance is cannabis, followed by cocaine and ecstasy. Opioids such as heroin are used less commonly but present the most significant health problems (NICE, 2012).

Impact of parental alcohol and drug misuse on children

Parental substance misuse can have a negative impact on children at each stage of their development.

Women who misuse substances during pregnancy may put their babies at risk of impaired brain development, congenital malformations, premature delivery, low birth weight and withdrawal symptoms after birth.

In later stages, impacts to children can be:

- **Physical** and emotional abuse or neglect as a result of inadequate supervision, poor role models and inappropriate parenting
- Behavioural, emotional or cognitive problems and relationship difficulties
- Taking on the role of carer for parents and siblings
- Preoccupation with, or blaming themselves for, their parents' substance misuse
- Infrequent attendance at school and poor educational attainment
- Experiencing poverty and inadequate and unsafe accommodation
- Exposure to toxic substances and criminal activities
- Separation from parents due to intervention from children's services, imprisonment or hospitalisation
Parental substance misuse and child abuse and neglect

Living in a household where a parent or carer misuses substances doesn’t mean a child will experience abuse but it is a risk factor. An analysis of 175 serious case reviews from 2011-14 found that 47% of cases featured parental substance misuse (Sidebotham et al., 2016).

Children most at risk of suffering significant harm live in families experiencing a number of different problems, such as substance misuse, domestic abuse and parental mental health problems or learning difficulties (Cleaver et al., 2011).

The impact of substance misuse on parents and carers can lead to negative consequences for children.

Neglect

Parents may:

- have trouble organising their lives. This may lead to ineffective and inconsistent parenting and a lack of supervision, putting children in unsafe physical situations (Cleaver et al., 2011)

- neglect basic standards of hygiene and both their and their children’s physical needs. They may not seek medical care for their children. They may also find it difficult to plan or stick to routines such as meal times, bedtimes and taking children to school (Cleaver et al., 2011; Hogan and Higgins, 2001)

- use family income on drugs or alcohol instead of buying food and clothing and paying essential household bills

- be unable to keep their homes clean which could pose a serious risk to children’s health.
Neglect can be difficult to identify - we have more information on identifying the signs of neglect.

Emotional abuse

Parents who drink excessively or misuse drugs can become emotionally unavailable to their children (Cleaver et al., 2011). Research shows mothers with drug problems are:

- less responsive to their babies
- respond in ways which limit further interaction
- less willing to engage in meaningful play (Kroll and Taylor, 2003).

Young children who experience parental rejection risk developing insecure attachment patterns which can have negative consequences for their cognitive, emotional, physical and social development (Cleaver et al., 2011; Owusu-Bempah and Howitt, 1997). Find out more about attachment and looking after infant mental health.

Parents who misuse substances may have difficulty controlling their own emotions. If their behaviour is irrational, unpredictable or withdrawn this may frighten their children and lead to them developing longer-term emotional and behavioural problems (Cleaver et al., 2011).

Substance misuse may also result in parents feeling apathetic and disengaged. They may fail to provide their children with enough emotional warmth or establish boundaries through consistent discipline (Cleaver et al., 2007; Cleaver et al., 2011; Hogan & Higgins, 2001).

Emotional abuse can be hard to spot - we have information on the signs of emotional abuse to look out for.

Physical abuse

A number of studies have shown a link between problem drinking and the physical abuse of children (Alcohol Concern, 2010; Cleaver et al., 2011; Priory Group, 2006; Velleman, 2001). One study indicated that fathers who drink excessively are more likely to abuse their children physically than mothers with an alcohol problem (Priory Group, 2006).
Other risks

- Parents who misuse substances may have a chaotic lifestyle and children can be placed at risk if their parents have allowed other users into their home (Brophy, 2006).

- Parents may turn to crime to fund their drug or alcohol dependency, exposing their children to unsafe adults or involving them in criminal activity by using them as a cover (Brophy, 2006; Cleaver et al., 2011). Some parents may turn to sex work which could lead to their children seeing or being drawn into inappropriate sexual activity and sexual abuse (Barnard 2007; Cleaver et al., 2011).

- Children may be exposed to harmful substances, used needles and syringes (Cleaver et al., 2011).

- Parents who use drugs or drink excessively may also lose consciousness. If there's no other responsible adult present, children can be left to fend for themselves and if they are injured or fall ill during this time they may not know how or where to get help (Cleaver et al., 2011).

Assessing the risk of parental alcohol and drug misuse

Parents' drug and alcohol problems may affect children differently depending on their age, development and personality. There may be some family factors which increase the risks to children. There may also be other factors which protect children or reduce the impact of their parents' problems.

Factors to consider when assessing risk

When assessing the risks, practitioners should consider:

- if the parent is willing to acknowledge their difficulties and seek help and support.
Practitioners need to work with children and families to identify, assess and, where necessary, intervene to minimise the impact of substance misuse (Bogg, 2013). This will involve a holistic assessment of the child’s development, the parents’ ability to meet the child’s needs and the impact of broader family and environmental factors.

- the relationship between the parent and the child
- what social support is available to the family, such as relatives or friends who can provide the children with care and stability, offer financial support and make sure the home is clean and safe
- how excessive consumption of alcohol or drugs affects the parents. Some people lose consciousness whereas others may become aggressive. Effects may vary and depend on their current state of mind, personality, tolerance of the substance, dosage and means of administration
- if the substance abuse is dependent, hazardous or recreational
- how old the child is. Babies and young children are completely dependent on their carers for all their day-to-day needs whereas teenagers are more in need of guidance and support as they transition to adulthood
- if the child has some autonomy, is attending school and able to ask for help
- if there’s conflict or violence in the home or unsafe visitors
- the parent’s and child’s general physical and mental health
- if one parent is having difficulties or both parents
- if daily routines are maintained
- if the child has to take on a caring role for their parent and siblings
- if harmful substances and equipment are stored safely and not accessible to children
- if anything has changed recently. Substance dependency is a chronic, relapsing condition and a situation can change very rapidly.

(Bogg, 2013; Cleaver et al., 2011; Cornwallis, 2013)

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Practitioners must be able to recognise the family’s strengths and distinguish between immediate concerns for the child’s safety and wellbeing and risks which can be mitigated with appropriate support (Bogg, 2013; Cleaver et al., 2011).
Carrying out risk assessments

- It is of paramount importance to focus on the child. Give children the opportunity to discuss their experiences. Listen to and record their views.

- Focus on the needs of each child and identify any children who are acting as carers for their parents and siblings.

- The impact of a parent’s substance misuse varies according to each child’s health, stage of development, personality and relationship with the parent and other family members. It’s important to treat children, parents and other significant family members as individuals.

- Ask questions about the parent’s drug or alcohol use. It’s important to ‘say what you see’, without any judgements or assumptions.

- Make sure parents know you’re listening to them. Reassure them that they’ve done the right thing in acknowledging their substance misuse. Be positive and offer them hope. If early conversations are handled badly, parents may become defensive and disengage.

- Explain what can be done and what you’re going to do to help and support parents and their children.

- Include any extended family members or friends who offer support to the family in assessments.

- Seek the views of colleagues from other agencies who are involved with the family, such as health professionals and teachers.

- It is particularly important to collaborate with practitioners from specialist adult services, such as substance misuse services and criminal justice agencies, to gain an understanding of how drug and alcohol problems are affecting the parents’ capacity to care for their children.

- Weigh up factors increasing the children’s risk of harm against protective factors which will increase the family’s resilience.

- If you decided the child is in need or at risk of harm, work with multi-agency colleagues to draw up a care plan or child protection plan to provide services and support. Make sure this involves adequate supervision and opportunities to measure progress.

(Bogg, 2013; Cleaver et al., 2011; Cornwallis, 2013; Home Office, 2003)
**Intervention and support for children and families**

Successful interventions to support families affected by parental substance misuse depend on holistic approaches which target a family’s:

- day-to-day functioning
- psychological functioning of family members
- parent-child relationship
- social factors such as the family's support network, housing and financial situation.

(Altobelli & Payne, 2014; Bogg, 2013; Cleaver et al., 2011)

It’s important to understand the situation from the child’s perspective but supporting the child without considering the effect that their environment has on them will not help in achieving change (Altobelli & Payne, 2014; Cleaver et al., 2011).

It takes time for parents to change their behaviour and time-frames for interventions need to be flexible. There needs to be a balance between long-term support and more focused time-limited services (Cleaver et al., 2011; Cornwallis, 2013).

**Practical support**

- Practical day-to-day support should involve setting pragmatic, realistic and timely goals which focus on solutions rather than problems.
- Practitioners need to make sure children are brought to and attend nursery or school, receive support with their school work and attend all medical appointments.
- Practical help might also involve helping with housing problems, access to benefits and financial support.
- In the short-term parents should not be put under pressure to change entrenched, problematic behaviours immediately. However, it’s important to
make sure they are addressing their substance misuse and are engaged with a drug or alcohol service.

(Cleaver et al., 2011; Cornwallis, 2013; Home Office, 2003)

Family and parenting support and therapy

- In the medium- to long-term, the family may need intensive parenting support and therapy focussing on recognising and changing unhelpful, repetitive patterns of behaviour and ways of communicating with each other.

- Children should be given opportunities to express their ideas and feelings. They also need help to understand more about their parent’s substance misuse. They need to know that it’s not their fault and that they can’t control or cure their parent’s addiction.

- Practitioners working with the family should be aware that their own ability to see and reflect can be compromised as they become a part of the family’s dynamics. Reflective and challenging supervision is important. It’s also essential to work with colleagues in other agencies to gain different perspectives on the situation and to share information.

(Altobelli & Payne, 2014)

Friend and family support

- The family may suffer setbacks along the way. It’s important, where possible, for members of their support network to be able to step in and help. Educating extended family members, friends and communities on the impact of substance misuse on children and families can enable them to provide more effective support (Cleaver et al., 2011; Cornwallis, 2013).

Drug and alcohol services
Drug and alcohol services need to understand that the wellbeing of their clients' children is of paramount importance. They should be family-friendly and able to provide accessible and effective support for parents and children, either through their own service provision or in co-operation with other agencies.

Services need to share information with colleagues in other agencies when it is in the interests of children to do so. Drug and alcohol agency practitioners should receive training which links parents' difficulties with safeguarding and promoting children's welfare.

(Home Office, 2003)

Monitoring progress

Practitioners need to monitor and review children's progress throughout the period of intervention and respond appropriately. If a parent's substance misuse changes, this can lead to a period of adjustment for the whole family which can be very stressful. It's also important to remember that an improvement in a parent's drug or alcohol dependency does not always result in improved parenting (Cleaver et al., 2011; Cornwallis, 2013). As parents work to achieve sobriety they may need as much support as they did during dependency.

Taking children into care

Taking children into care should only be considered as an option of last resort. However, when it becomes clear it's necessary, rapid, evidence-based decision making is essential, particularly for babies and young children whose development may be seriously impaired if they are exposed to neglectful or abusive parenting for too long. Foster carers will need appropriate education, training and support to care for children in these situations (Home Office, 2003).
Services for children and families

Parents Under Pressure™ is a service we deliver to improve parenting in families with drug and alcohol problems. Referrals to Parents Under Pressure™ can be made by parents, carers and practitioners.

We're evaluating Parents Under Pressure™ to see what difference it makes to helping parents who are in drug and alcohol treatment improve their parenting skills and bond with their baby.

We understand how difficult it is for children to talk about their worries. Whether parental substance misuse is happening now or happened in the past, Childline can be contacted 24/7. Calls to 0800 1111 are free and confidential. Children can also contact Childline online.

Other organisations providing support to children and families include:

- **Addaction**
  advice, support and specialist services for adults experiencing drug and alcohol problems and support for their family and friends

- **Adfam**
  advice and support for families affected by drugs and alcohol

- **Alcoholics Anonymous**
  help and emotional support through AA meetings for people experiencing problems with alcohol

- **FRANK**
  friendly, confidential advice on drugs and details of local and national services.

Work or volunteer with children and families?

Visit NSPCC Learning for information, resources and training to help you safeguard and protect children and young people across the UK.

Go to NSPCC Learning

Research and resources on substance misuse

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References


